



## Authorization of Adult Residential Treatment (ART) and Crisis Residential Treatment (CRT) Services Procedure

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Veronica Kelley, DSW, LCSW, Director

**Purpose** To explain the procedure for submitting concurrent review requests from contracted agencies delivering mental health treatment services to San Bernardino County residents in either an Adult Residential Treatment (ART) or a Crisis Residential Treatment (CRT) program.

**Definition(s)** **Adult Residential Treatment (ART)** consists of voluntary long term or transitional treatment services in an unlocked residential setting utilizing the social rehabilitation model. The facility provides a home-like setting where consumers who would otherwise be at risk of hospitalization or other institutional placement can acquire stabilization and structure, working towards independent living prior to reintegration into the community. The population served consists of adult (ages 18 and older) consumers experiencing a mental health condition and/or co-occurring disorder. Services are available 24 hours a day, 7 days a week, with psychiatric services provided through nearby DBH regional clinics.

- **Transitional** residential treatment has a maximum length of stay of 12 months.
- **Long-Term** residential treatment has a maximum length of stay of 18 months.

**Authorized Licensed Professionals** are providers that can formulate or co-sign a diagnosis. Per the Department of Health Care Services (DHCS), these providers include Physicians, Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and Advanced Practice Nurses, in accordance with the Board of Registered Nursing.

**Crisis Residential Treatment (CRT)** is a facility that provides voluntary crisis treatment services in a residential setting to San Bernardino County residents, aged 18 and older, who are at risk of danger to self and/or others. Consumers may initially be authorized to stay up to 60 days and may be eligible for one (1) extension of 30 additional days, not to exceed a total of 90 days in one (1) stay. Services include crisis intervention and stabilization, assessment, treatment planning, individual and group therapy, activities of daily living assistance, case management and evaluation for acute psychiatric hospitalization, if necessary. Facilities operate 24 hours per day, 7 days a week, including weekends and holidays.

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### Definition(s), continued

**DBH Authorization Unit** refers to the unit of licensed clinical therapists within DBH Quality Management (QM) that reviews and approves authorization of ART and CRT services as well as various outpatient services such as Day Treatment Intensive, Day Rehabilitation, Therapeutic Foster Care, Therapeutic Behavioral Services, Intensive Home-Based Services and Service Authorization Requests.

**Extension Requests** are for subsequent treatment following the initial authorization provided in response to an Initial Request (see below).

**Initial Requests** are the first requests for authorization submitted by a contracted agency for the planned delivery of services to a client.

- **Complete** requests are initial requests that include the signature or co-signature of an authorized licensed professional, as defined.
- **Tentative** requests are initial requests submitted by the contracted agency at a time during which an authorized licensed professional was unable to formulate or co-sign the client's diagnosis. If granted by the DBH Authorization Unit, initial approval of a Tentative request is valid through the third calendar day from the documented date of the client's admission into the facility.
- **Final** requests are the second phase of an initial authorization request submitted by the contracted agency as a Tentative request (see above). This box should be selected when submitting a completed request following a Tentative request to indicate that it is a follow-up submission. After review and approval by the DBH Authorization Unit, a Final approval is valid for the remainder of days allowable for an Initial approval, as indicated in the section of this procedure titled *Initial and Extension Request Approval Timeframes*.

### Initial and Extension Request Approval Timeframes

The following table lists the initial and extension timeframes that DBH approves ART and CRT services:

Service Type	Initial	Extension
ART Long-Term	Nine (9) months	Nine (9) months
ART Transitional	Nine (9) months	Three (3) months
CRT	60 days	30 days

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### Method to Submit Concurrent Review Request Form

ARTs and CRTs shall submit the ART/CRT Concurrent Review Request (CRR) (CLP047) to DBH as follows:

Step	Action
1	The preferred method to submit authorization requests to DBH is via encrypted email to the following DBH mailbox: <a href="mailto:DBH-ResidentialCR@dbh.sbcounty.gov">DBH-ResidentialCR@dbh.sbcounty.gov</a> .  Refer to DBH's Electronic Mail (e-mail) Encryption Information Notice (15-04) for encryption requirements.
2	Indicate the requesting program name and the type of program (ART Long Term, ART Transitional or CRT) in the subject line of the email.
3	If the contracted agency does not have encrypted email capabilities, the contracted agency may fax the authorization request to (909) 890-0353.

### Initial Concurrent Review Request Submission Process

ARTs and CRTs shall follow the steps below to complete and submit the Concurrent Review Request (CRR) (CLP047) to obtain authorization for the initial stay, unless otherwise stated below:

Step	Action
1	Submit the CRR form as soon as reasonable, but no later than 5:00 pm on the calendar day following the documented date of client admission.
2	<p>Step 2 is dependent upon the availability of a licensed authorized professional at the time of client admission of the client. Please follow the table below for how to appropriately complete an initial CRR form:</p> <ul style="list-style-type: none"> <li>• If client is admitted when an authorized licensed professional is on site to provide signature: <ul style="list-style-type: none"> <li>○ Select "Initial Request" on CRR form and indicate "Complete."</li> <li>○ Submit form with a thorough explanation of medical necessity and the current diagnosis. If contracted agencies are unsure if sufficient detail was provided, they may elect to submit supporting documentation that would support medical necessity, such as, but not limited to the following: <ul style="list-style-type: none"> <li>▪ Adult Clinical Assessment/Evaluation</li> <li>▪ Client Recovery Plan/Treatment Plan</li> <li>▪ Evidence of Diagnosis (Diagnosis Page)</li> </ul> </li> </ul> </li> </ul>

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**Initial  
Concurrent  
Review  
Request  
Submission  
Process,**  
continued

	<ul style="list-style-type: none"> <li>• If client is admitted when an authorized licensed professional is unavailable to provide signature:             <ul style="list-style-type: none"> <li>○ Select "Initial Request" on CRR form.</li> <li>○ Indicate "Tentative" to submit a tentative authorization request.</li> <li>○ Complete Parts 1 and 2 of CRR form.</li> <li>○ Tentative requests must demonstrate consultation with an authorized licensed professional who deems that the client meets medical necessity for admission.</li> <li>○ Include preliminary screening results in Part 3 of CRR form, including the name and title of the consulting authorized licensed professional, any presenting problems and any preliminary diagnoses.</li> <li>○ Submit Parts 1, 2 and 3 of CRR form with documentation of telephone screening with an authorized licensed professional.</li> </ul> </li> <li>• For clients admitted when an authorized licensed professional is unavailable to provide signature and for whom the contracted agency received tentative approval through the third calendar day following the documented date of client admission, the following needs to be completed to receive final approval:             <ul style="list-style-type: none"> <li>○ As soon as reasonable, but no later than 5:00pm on the third calendar day following client admission, submit the completed CRR form with licensed co-signature. Indicate "Final" on CRR form to indicate that partial documentation for this client has already been submitted.</li> </ul> </li> </ul>
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### DBH Authorization Unit Process

The DBH Authorization Unit shall take the following actions upon receipt of the CRR form:

If	Then
Upon receipt of the CRR,	The Authorization Unit shall review the CRR and notify provider of initial authorization within one (1) business day of receipt of the request. CRR form will be returned to the contracted agency via the email address or fax number provided by the contracted agency.
The CRR is an initial request sent during regular business hours, the request is complete, and the contracted agency demonstrated medical necessity for the client,	The request will be approved for the timeframe indicated in the section of this procedure titled <i>Initial and Extension Request Approval Timeframes</i> .
The CRR is an extension request that is complete, the form contains all the required fields, and the contracted agency demonstrated medical necessity for the client,	The request will be approved for the timeframe indicated in the section of this procedure titled <i>Initial and Extension Request Approval Timeframes</i> .
A client is admitted at a time when an authorized licensed professional is unavailable, a Tentative request is submitted, and the contracted agency demonstrated medical necessity for the client,	The Authorization Unit shall grant a tentative approval through the third calendar day following client admission.
A Tentative request has been approved, the contracted agency submits a Final request by 5:00 pm on the third calendar day following client admission, and all the required information is included and sufficiently detailed,	The Authorization Unit shall grant final approval for the remaining timeframe allowable for an Initial approval, totalling the initial authorization timeframe indicated in the section of this procedure titled <i>Initial and Extension Request Approval Timeframes</i> .
A CRR form is submitted for a period outside of the maximum timeframe a client may receive a service from an ART or CRT,	The Authorization Unit may modify the request for a lesser timeframe. In this case, the Authorization Unit would issue the applicable NOABD to the contracted agency and client.

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DBH Authorization Unit Process, continued	If	Then
	The CRR indicates an initial or extension request but is not complete or the contracted agency did not fully demonstrate medical necessity for the client,	The Authorization Unit will deny the request and will issue the applicable Notice of Adverse Benefit Determination (NOABD) to the contracted agency and the client.
	A CRR form is received and is not completed in its entirety and/or the contracted agency did not demonstrate the client meets medical necessity,	The Authorization Unit will deny the request and will issue the applicable NOABD to the contracted agency and the client.
	The Initial (Complete or Tentative) request was not submitted by 5:00 pm the calendar day following the documented date of client admission,	The Authorization Unit will deny the request and will issue the applicable NOABD to the contracted agency and the client.
	The Final request is not submitted by 5:00 pm on the third day following the documented date of client admission,	The Authorization Unit will deny the request and will issue the applicable NOABD to the contracted agency and the client.
	Services were rendered by the contracted agency, but the request is denied by DBH,	Contracted agency may re-submit a CRR for reconsideration or contact DBH to discuss the denial. However, care shall <u>not</u> be discontinued until the treating contracted agency has been notified of DBH's decision and a care plan has been agreed upon by the treating contracted agency that is appropriate for the medical needs of the client.
<p><b>Important Note:</b> DBH is required to document all decisions, both favorable and adverse, regarding ART and CRT requests for concurrent review based on medical necessity criteria being reviewed and approved by a licensed mental health professional. Approvals, denials or modifications for each request will be completed on the same CRR on which the ART/CRT facility requested authorization.</p>		

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### Extended Concurrent Review Request Submission Process

An ART or CRT must follow the steps below to complete the CRR to extend authorization for an additional three (3) months (ART Transitional), nine (9) months (ART Long-Term) or 30 days (CRT):

Step	Action
1	Submit a CRR to request extension of authorization within seven (7) calendar days prior to expiration of the existing service authorization.
2	Submit request to extend authorization with sufficient detail to demonstrate continued medical necessity. If desired, the following supporting documentation may be submitted to support continued medical necessity to remain at this level of care: <ul style="list-style-type: none"> <li>• For ART: the Monthly Treatment Team Review.</li> <li>• For CRT: the Client Recovery Plan, Treatment Plan Review, Progress Note and/or ANSA.</li> </ul>

### Change in CRT or ART

In the event that a client is discharged from one ART/CRT and begins treatment at a different location of the same treatment modality, a new Initial request must be submitted to request authorization for services rendered by the new provider, regardless of whether the new provider is part of the same contracted agency as the prior provider.

### Retention of Approved CRR

A copy of the approved CRR must be included in the client's medical record to verify that services have been authorized by DBH Quality Management.

### Payment Authorization

Following discharge of the client from an ART or CRT, payment will be authorized only for a client's actual days of admission in the ART/CRT facility within the authorized timeframe(s). ARTs and CRTs are subject to quality assurance and utilization review activities.

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### Appeals

Appeals may be granted on a case-by-case basis. If a contracted agency wishes to appeal a denial, submit an appeal request to the DBH Authorization Unit via fax or email within two (2) calendar days of the denial. The Authorization Unit shall reply within 2-3 business days of the appeal request. The appeal request must include the reason for the appeal and include any supporting documentation to support this reason.

Otherwise, in accordance with Title 42 of the Code of Federal Regulations, Section 438.404 and DHCS IN 18-010E, the contracted agency has the right to request an internal appeal with DBH within 60 calendar days from the date on the NOABD.

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### Related Policy or Procedure

DBH Standard Practice Manual:

- Authorization of Specialty Mental Health Services Policy (QM6049)
- Authorization of Adult Residential Treatment (ART) and Crisis Residential Treatment (CRT) Concurrent Review Request (CLP047)
- Notice of Adverse Benefit Determination (NOABD) Procedure ([QM6029-4](#))
- Utilization Management Policy (QM6050)

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### References

- CA Health and Safety Code Section 1367.01
  - Code of Federal Regulations, Section 438.404
  - DBH Outpatient Chart Manual
  - Department of Health Care Services, Mental Health and Substance Use Disorder Services Information Notice 17-040, dated August 24, 2017
  - Department of Health Care Services, Mental Health and Substance Use Disorder Services Information Notice 18-010E, dated March 27, 2018
  - Department of Health Care Services, Mental Health and Substance Use Disorder Services Information Notice 19-026, dated May 31, 2019
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